Albert Lea Public Library Adult Card Application

Staff Initials:		Date:					
A current Minnesota Driver's license or state ID i license/ID and 1 bill/personal check or voter's re Individuals with an out-of-state ID will be issu	egistration verifying their current i	mailing address.					
Card#:			Pin#:				
	PL	EASE PRINT					
Last		First		Middle			
Street Address		City	County	State	ZIP		
	CHECK PREFER	RED METHOD OF CONTAC	т				
Primary Phone	Email		Text Message - Cell# Required				
river's License/ID#			Date of Birth:				
otifying the Library in case of loss or theft of thi he Library of any street address or e-mail chang ignature:		in my being held liable for	materials and fines incur	red on this card. I als	o agree to inform		
		a Public Library ard Application					
taff Initials:			Date				
current Minnesota Driver's license or state ID i cense/ID and 1 bill/personal check or voter's re ndividuals with an out-of-state ID will be issu	egistration verifying their current i	mailing address.					
ard#:			Pin#:				
	PL	EASE PRINT					
Last		First		Middle			
Street Address		City	County	State	ZIP		
	CHECK PREFER	RED METHOD OF CONTAC	т				
		Text Message - Cell# Required					
Primary Phone	Email		I I				
Primary Phone Driver's License/ID#	Email		Date of Birth:	Text Message - Gen# 1	ioquii ou		

Signature: